<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-16-2010</u>	Address:	5510 WEST STATE ROAD 64
Case #:	<u>35F30064</u>		PRINCETON, IN 47670
County:	GIBSON		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			check all that apply)
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Itama Far	nde I coeffon (kalaana kitakan anon si	en aka)	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
☐ Lithium/Ammonia Reaction(s): RESIDENCE			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: <u>RESIDENCE, OPEN AIR</u>			
Anhydrous Ammonia: <u>RESIDENCE</u> , <u>VEHICLE</u>			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: <u>RESIDENCE</u>			
Corrosive Base:			
Other (i	item and location):		
	er age 18 discovered (check one)		e <u>Information</u>
No les <u>1</u>	(number present)		e/Pseudoephedrine Tracking Log erchant Tip
	eport to Child Protective Services	Other:	
This repor	t is to be faxed to the following ager	ncies that serve the l	ocation:
Fire Depart	nent: PATOKA TWP Fax:		
Health Department: GIBSON CO HD		Fax: <u>812-3</u> Fax: <u>812-3</u>	
Child Prote	ection Service: GIBSON CO CPS	1'dA. <u>012-3</u>	·.
	information regarding this methamph	- .	contact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.